Schedule E)	PAGE 1 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report	
Full Name of Payee Kelly Dolan	Date of Public Distribution/Dissemination
,	08 / 06 / 2014
Mailing Address 543 S 2nd St	Amount
City State Zip Code	80.00
Bellaire NC 77401	Transaction ID : e5cbe7c1-97e5-4da4-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 06 / 2014
	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Kelly Dolan	08 06 2014
Mailing Address 543 S 2nd St	Amount
City State Zip Code	12.00
Bellaire NC 77401	Transaction ID : dd05c769-589c-43f3-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / 06 / 2014
	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	92.00
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of experty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)				PAGE 2 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends re	eport filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee				Date of Public Distribution/Dissemination
James Antonetz				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11127 Gila Valley Dr				Amount
City	State	Zip Code		30.00
	AR	72212		Transaction ID : 98b77859-000c-4386-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 00	-	08
Name of Federal Candidate		Support	Office	Sought: House District:00
Mr. Mark L Pryor		X Oppose		President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		53949.34	Disburs 2014	sement For: Primary General Other (specify) ▶
Full Name of Payee				Date of Public Distribution/Dissemination
James Antonetz				08 06 2014
Mailing Address 11127 Gila Valley Dr				00 00 2017
<u> </u>				Amount
City	State	Zip Code		9.60
	AR	72212	1	Transaction ID : 38d914ca-ea93-4414-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 00)2	08 / 06 / 2014
Name of Federal Candidate		Support	Office	Sought: House District: 00
Mr. Mark L Pryor		Oppose		President State: AR
Calendar Year-To-Date Per Election for Office Sought		53949.34	Disbur 2014	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			····· >	39.60
(b) SUBTOTAL of Unitemized Independent Expenditure	es		····· •	
(c) TOTAL Independent Expenditures			······ •	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Da	ate 08	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Schedule E)	JEIII E M E			PAGE 3 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour repor	rt New repo	oort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Public	c Distribution/Dissemination
Bonnie C Blackburn			Date of Public	06 2014
Mailing Address 2261 King George Ct.			Amount	
City	State	Zip Code		15.00
Winston-Salem	NC	27103		ID: a1f1666c-970d-43f5-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 08	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	217989.02	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Bonnie C Blackburn			M = M	c Distribution/Dissemination
Mailing Address 2261 King George Ct.			08 Amount	06 2014
City	State	Zip Code		6.45
Winston-Salem	NC	27103	Transaction II Date of Disbu	D: b75867a9-a4d0-4e92-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 08	06 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		217989.02	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expe	nditures		. •	21.45
(b) SUBTOTAL of Unitemized Independent Ex	penditures		· · · · · · ·	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / D D D 08	2014
Signature		_		

Schedule E)	ENT EXILID	HONES		PAGE 4 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Morgan R Padgett			08 /	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2164 Kay Rd			Amount	
City	State	Zip Code		20.00
Greenville	NC	27858		: 4dbfb1c0-2af1-4dc7-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	7	217989.02	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Morgan R Padgett			08 /	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2164 Kay Rd			Amount	
City	State	Zip Code		10.20
Greenville	NC	27858		: e5aa3952-5ce1-47f0-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	217989.02	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendent	litures			30.20
			4	7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•	7
(c) TOTAL Independent Expenditures)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Under penalty of perjury I certify that the indeposit, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 08	2014
- 3				

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 5 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Gabriella E Hansen			08 / 06 / 2014
Mailing Address 310 West Meath Drive			Amount
City	State	Zip Code	20.00
Winterville	NC	28590	Transaction ID : 643e0647-49a9-4315-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		217989.02	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Allie Butler			08 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1676 Shady Creek Rd			Amount
City	State	Zip Code	30.00
Ayden	NC	28513	Transaction ID : 1dec80f8-51e4-481e-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		217989.02	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		. ▶ 50.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 08 7 2014
5.ga.a.			

Sc	hedule E)	LIND	ITOTILO		PAGE 6 OF 74 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	lew rep	ort Amends repo	ort filed	on
T	Full Name of Payee Allie Butler				Date of Public Distribution/Dissemination
ŀ	Mailing Address 1676 Shady Creek Rd				08 / 06 / 2014
	, and a second process of the second process				Amount
	City State		Zip Code		9.90
	Ayden NC		28513		Transaction ID: 28d00f1d-184f-4e5c-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		08 / 06 / 2014
	Name of Federal Candidate		Support	Office	Sought: House District: 00
	Ms. Kay Hagan		X Oppose		President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	217989.02	Disbur 2014	rsement For: Primary
ſ	Full Name of Payee				Date of Public Distribution/Dissemination
	Emily Butler				08 06 2014
	Mailing Address 1676 Shady Creek Rd				Amount
ľ	City State		Zip Code		26.70
	Ayden NC		28513		Transaction ID: 7a235eca-628b-4352-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		08 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office	Sought: House District: 00
	Ms. Kay Hagan		X Oppose		President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		217989.02	Disbu 2014	rsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			🕟	36.60
•					
(b) SUBTOTAL of Unitemized Independent Expenditures			··· •	7 7
(c) TOTAL Independent Expenditures			··· •	
W	Under penalty of perjury I certify that the independent expervith, or at the request or suggestion of, any candidate or autoraty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [I	Electron	ically Filed] Date	e 08	
	• • • •				

Schedule E)	LIVI EXI EIVE	ATOTILO	PAGE 7 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Emily Butler			08 / 06 / 2014
Mailing Address 1676 Shady Creek Rd			Amount
City	State	Zip Code	9.90
Ayden	NC	28513	Transaction ID : 4fc89597-578e-4de0-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	217989.02	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lorri Anderson			08 / 06 / 2014
Mailing Address 7214 Duchamp Dr			Amount
City	State	Zip Code	45.00
Charlotte	NC	23215	Transaction ID: 05a837bd-35c2-4fa8-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		217989.02	Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		. ▶ 54.90
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures)
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 08 2014
S.g.iataro			

Schedule E)		1101120		PAGE 8 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
			M = M	/ D = D / Y = Y = Y
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	
Full Name of Payee Lorri Anderson			Date of Publi	c Distribution/Dissemination
Mailing Address 7214 Duchamp Dr			Amount	00 2017
City	State	Zip Code		15.60
Charlotte	NC	23215		ID: 3fff6d2e-9755-4160-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M _ M 08	06 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		217989.02	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Matt Curran			M = M	ic Distribution/Dissemination
Mailing Address 1537 Country Lane			08 Amount	06 2014
				04.50
City Kernersville	State NC	Zip Code 27284		31.50 D : 7b03dbb4-71c3-4523-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Disp	/ 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	217989.02	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expend	ditures		. •	47.10
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•	1 1 2 1 2
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorized			
Ms. Emily Buchanan	[Electros	nically Filed] Date	08 08	/ Y Y Y Y Y Y 2014
Signature		_		

Schedule E)	PAGE 9 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends	report filed on / / Y Y Y Y Y
Full Name of Payee Matt Curran	Date of Public Distribution/Dissemination
	08
Mailing Address 1537 Country Lane	Amount
City State Zip Code	6.30
Kernersville NC 27284	Transaction ID: 44e2ecd1-774f-4998-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Suppor	rt Office Sought: House District: 00
Ms. Kay Hagan Oppose	
Calendar Year-To-Date Per Election for Office Sought 217989.02	Disbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Shantal C Culbreath	08 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4691 Hercules Lane	Amount
City State Zip Code Woodbridge VA 22193	80.00 Transaction ID : a7c4ab5f-5f0c-4c92-9
Purnose of Evnenditure	Date of Disbursement or Obligation
Salary Type Category/	001 08 / 06 / 2014
Name of Federal Candidate Suppo	
Ms. Kay Hagan Oppos	
Calendar Year-To-Date Per Election for Office Sought 217989.02	Disbursement For: Primary General 2014
(a) SUBTOTAL of Itemized Independent Expenditures	86.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······· >
Under penalty of perjury I certify that the independent expenditures reported herein w with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
	Date 08 08 2014
Signature	

Gastonia NC 28054 Transaction ID: 7f271315-c86e-4fe1- Date of Disbursement or Obligation Name of Federal Candidate Ns. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Joesph P Pthierfelder Mailing Address 2411 Armstrong NC 28054 Transaction ID: 7f271315-c86e-4fe1- Date of Disbursement or Obligation Mail Name of Federal Candidate Support Office Sought: House District: Primary Senate State: Other (specify) Date of Public Distribution/Disseminat Mailing Address 2411 Armstrong Amount City State Zip Code Fig. Code State State Date of Public Distribution/Disseminat Amount Transaction ID: 6848b638-7ac2-470a- Date of Disbursement or Obligation Transaction ID: 6848b638-7ac2-470a- Date of Disbursement or Obligation	48
Check if 24-hour report	R▼
Check if 24-hour report	
Mailing Address 2411 Armstrong	Y
Mailing Address 2411 Armstrong City State Zip Code Gastonia NC 28054 Purpose of Expenditure Salary Category/ Name of Federal Candidate Ms. Kay Hagan Support Category/ Ms. Kay Hagan Support Disbursement For: Primary Ge 2014 Other (specify) Date of Public Distribution/Disseminat Ms. Mailing Address 2411 Armstrong Amount City State Zip Code Gastonia NC 28054 Transaction ID: 6848b638-7ac2-470a Date of Disbursement or Obligation	on
City State Zip Code Gastonia NC 28054 Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Joesph P Pthierfelder Mailing Address 2411 Armstrong Amount Transaction ID : 6848b638-7ac2-470a-Date of Disbursement or Obligation 9.0 Transaction ID : 6848b638-7ac2-470a-Date of Disbursement or Obligation 1.	Y
Gastonia NC 28054 Transaction ID: 7f271315-c86e-4fe1- Date of Disbursement or Obligation M M M O O6	
Gastonia NC 28054 Transaction ID: 7f271315-c86e-4fe1- Date of Disbursement or Obligation Name of Federal Candidate Ns. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Joesph P Pthierfelder Mailing Address 2411 Armstrong NC 28054 Transaction ID: 7f271315-c86e-4fe1- Date of Disbursement or Obligation M	.00
Purpose of Expenditure Salary Category/ Type O01 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Joesph P Pthierfelder Mailing Address 2411 Armstrong Category/ Type O01 Support Office Sought: House District: Primary Ge President Senate State: Other (specify) Other (specify) Date of Public Distribution/Disseminat Mailing Address Amount City State Zip Code Gastonia NC 28054 Transaction ID: 6848b638-7ac2-470a- Date of Disbursement or Obligation	а
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Joesph P Pthierfelder Mailing Address 2411 Armstrong City State Zip Code Gastonia NC 28054 Oppose President Senate State: Disbursement For: Primary Ge President Senate State: Primary Ge President Senate State: Primary Other (specify) ▶ Date of Public Distribution/Disseminat Amount Transaction ID : 6848b638-7ac2-470a- Date of Disbursement or Obligation	Y
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Joesph P Pthierfelder Mailing Address 2411 Armstrong City State Zip Code Gastonia NC 28054 President X Senate State: Disbursement For: Primary X Ge 2014 Other (specify) ▶ Date of Public Distribution/Disseminat 08 06 2014 Amount Transaction ID : 6848b638-7ac2-470a- Date of Disbursement or Obligation	00
Per Election for Office Sought Per Election for Office Sought 217989.02 City State Zip Code Gastonia Per Election for Office Sought 217989.02 Other (specify) ▶ Date of Public Distribution/Disseminat 08 06 2014 Amount Transaction ID: 6848b638-7ac2-470a- Date of Disbursement or Obligation	1C
Full Name of Payee Joesph P Pthierfelder Mailing Address 2411 Armstrong City State Zip Code Gastonia NC 28054 Date of Public Distribution/Disseminat Amount Transaction ID: 6848b638-7ac2-470a- Date of Disbursement or Obligation	neral
Joesph P Pthierfelder Mailing Address 2411 Armstrong City State Zip Code Gastonia NC 28054 Transaction ID: 6848b638-7ac2-470a- Date of Disbursement or Obligation	
Mailing Address 2411 Armstrong City State Zip Code Gastonia NC 28054 Transaction ID: 6848b638-7ac2-470a- Date of Disbursement or Obligation	
Gastonia NC 28054 Transaction ID : 6848b638-7ac2-470a- Date of Disbursement or Obligation	
Gastonia NC 28054 Transaction ID : 6848b638-7ac2-470a- Date of Disbursement or Obligation	00
Purpose of Expenditure Mileage Category/ Type 002 08 08 06 7 Y Y Y Y Y Y Y Y Y Y Y Y	T Y
Name of Federal Candidate Support Office Sought: House District:	00
	NC
Calendar Year-To-Date Per Election for Office Sought 217989.02 Disbursement For: Primary 2014 Other (specify) ▶	neral
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or corwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a poliparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08 08 2014	
Signature	

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OF

Schedule E)	DEINT EXPEND	TIONES		PAGE 11 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D
Full Name of Payee			Date of Public	Distribution/Dissemination
Steven Best			/ 08	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 103 Washington Ave			Amount	
City	State	Zip Code		50.00
Newport	NC	28570		D: 9ee6e59c-f9dc-43d9-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		217989.02	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Steven Best			08	06 / 2014
Mailing Address 103 Washington Ave			Amount	
City	State	Zip Code		13.26
Newport	NC	28570		: 41bed4d2-df32-41a9-9 rement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		217989.02	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Exper	nditures			63.26
(a) CODIC IN CONTROL OF HOME DAY OF HOME			-	00.20
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		• •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the inder with, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 08	2014

ooneddie Ej	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Da	te of Public Distribution/Dissemination
David Ford	08
Mailing Address 106 Hillside St	nount
City State Zip Code	85.00
Spindale NC 28160 Tra	ansaction ID : f8a9a1b8-0b2a-49e4-a tte of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Kay Hagan	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursen 217989.02 Disbursen 2014	
5 II News of Press	Other (specify) ▶
Full Name of Payee David Ford	ate of Public Distribution/Dissemination
Mailing Address 106 Hillside St	08 06 2014 mount
City State Zip Code	10.35
	nsaction ID: 8826e6ca-33a6-4b8b-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / 06 / 2014
Name of Federal Candidate Support Office So	ught: House District: 00
Ms. Kay Hagan Pre	esident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursen 217989.02 Disbursen 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	95.35
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	08 2014
Signature	

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OF

Schedule E)	L /(1 L /(2)	1101120		PAGE 13 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
· · · · · · · · · · · · · · · · · ·				M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	
Full Name of Payee Virginia M Stevens			M	f Public Distribution/Dissemination 08
Mailing Address 1691 Fork Mtn Rd			Amoun	
City	State	Zip Code	— [30.00
Bakersville	NC	28705		ction ID: d6e64f97-d47c-4743-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought:	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	2	217989.02	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
Full Name of Payee Virginia M Stevens			M	f Public Distribution/Dissemination
Mailing Address 1691 Fork Mtn Rd			Amoun	08 06 2014 ut
City	State	Zip Code		14.70
Bakersville	NC	28705		ction ID : f92159e0-37c9-417f-9 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, ,	217989.02	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		. •	44.70
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		· [4 4
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / / 08	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Schedule E)	IN EXICIN	STICILO	PAGE 14 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			08
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	80.00
Shreveport	LA	71119	Transaction ID : 5a75b22f-7f0b-449d-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 06 / 4 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		87600.63	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			08 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	27.30
Shreveport	LA	71119	Transaction ID: b584aa18-c207-4443-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-,,	87600.63	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		. ▶ 107.30
			7 7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			•
	lidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 08 7 2014
3			

Schedule E)	JENT EXILIED	TIONES	PAGE 15 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Kassidy L Tyer			08 / 06 / 2014
Mailing Address 41 Hawk Hollow Trail			Amount
City	State	Zip Code	25.00
Burgaw	NC	28425	Transaction ID : ab2976e6-e8dc-400d-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		217989.02	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Kassidy L Tyer			08
Mailing Address 41 Hawk Hollow Trail			Amount
City	State	Zip Code	12.33
Burgaw	NC	28425	Transaction ID : c8066d8c-153d-4253-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	217989.02	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		37.33
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			·
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08

Schedule E)		PAGE 16 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Donald Dessauer	Date	of Public Distribution/Dissemination
Mailing Address 1804 Auburn Ave	Amo	08 06 2014 ount
City State Zip C	Code	10.00
Metaire LA 7000	O3 Tran	saction ID : cde24bf6-7712-4552-9 of Disbursement or Obligation
Purpose of Expenditure Salary Cat	egory/ Type 001	08 06 7 2014
Name of Federal Candidate	Support Office Soug	aht: House District: 00
Ms. Mary L Landrieu	Oppose Presi	
Calendar Year-To-Date Per Election for Office Sought 8760		ent For:
Full Name of Payee	Date	e of Public Distribution/Dissemination
Donald Dessauer		08 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1804 Auburn Ave	Amo	
City State Zip 0	Code	0.30
Metaire LA 700	03 Trans	saction ID : 60aa0ccb-a9dd-4c8e-8 e of Disbursement or Obligation
Purpose of Expenditure Mileage Cat	egory/ Type 002	08 / 06 / 2014
Name of Federal Candidate	Support Office Sou	ght: House District: 00
Ms. Mary L Landrieu	X Oppose Presi	
Calendar Year-To-Date Per Election for Office Sought	7600.63 Disburseme 2014	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		10.30
(b) SUBTOTAL of Unitemized Independent Expenditures		
(2) 332 13 112 01 0110111201 111011201 2	, L	
(c) TOTAL Independent Expenditures	······	7 7 7 7
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically	Filed] Date 08	08 2014
Signature		

Schedule E)	31101.23	PAGE 17 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New re	eport Amends report f	filed on
	sport Amenus report	illed on
Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination 08
Mailing Address 1410 Bushville drive		Amount
City State	Zip Code	50.00
Lenoir NC	28645	Transaction ID : 119f8b28-b82a-43b8-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support C	Office Sought: House District:00
Ms. Kay Hagan	X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 014 Other (specify) ▶
Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination
Moiling Address		08 06 2014
Mailing Address 1410 Bushville drive		Amount
City State	Zip Code	35.40
Lenoir NC	28645	Transaction ID : 606fe82d-52cf-49de-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / 06 / 2014
Name of Federal Candidate	Support C	Office Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures)	85.40
(b) SUBTOTAL of Unitemized Independent Expenditures)	
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electro	onically Filed] Date	08 08 2014
Signature	_	

Schedule E)	LNDENT EXTEND	HONES	PAGE 18 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour	report New rep	port Amends repo	rt filed on
Full Name of Payee Aston J Rosenberg			Date of Public Distribution/Dissemination
Mailing Address 530 S Donaghey Apt 4	301		08 / 06 / 2014
5 Coo C Donagnoy / pt 4			Amount
City	State	Zip Code	20.00
Conway	AR	72034	Transaction ID: ae28ca49-5eeb-491e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 06 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		53949.34	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Aston J Rosenberg			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 530 S Donaghey Ap	t 4301		Amount
City	State	Zip Code	7.50
Conway	AR	72034	Transaction ID: 1e1371ff-f231-47a4-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		53949.34	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent	Expenditures		. ▶ 27.50
(b) CUDTOTAL of Unitersized Independ	ont Funonditures		
(b) SUBTOTAL of Unitemized Independ	ent Expenditures		· •
(c) TOTAL Independent Expenditures			•
	any candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 08 7 2014

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C00530766
Check if 24-hour report X 48-hour report New report Am	nends report filed on	M / D = D / Y = Y = Y
Full Name of Payee	Date of F	Public Distribution/Dissemination
Aston J Rosenberg	M 08	
Mailing Address 530 S Donaghey Apt 4301	Amount	
City State Zip Code		20.00
Conway AR 72034		tion ID: d9c5b7c2-0676-4ccb-8 Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 08	M / D D / Y Y Y
Name of Federal Candidate	Support Office Sought:	House District: 00
Mr. Maril I Brass	Oppose President	
Calendar Year-To-Date Per Election for Office Sought 53949.34	Disbursement F	or: Primary X General or (specify) ▶
Full Name of Payee	<u> </u>	
Aston J Rosenberg	Date of 1	
Mailing Address 530 S Donaghey Apt 4301	Amount	2014
City State Zip Code		7.50
Conway AR 72034		on ID : a0bd6eed-4ebc-4af1-b Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 M 08	M / D D / Y Y Y
Name of Federal Candidate	Support Office Sought:	House District: 00
Mr. Mark L Pryor	Oppose President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 53949.3	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······································	27.50
(b) SUBTOTAL of Unitemized Independent Expenditures		7
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Filed]	Date 08	08 2014
Signature		

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OF

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 20 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Tracy M Hargett			08
Mailing Address 5133 Lord Bryon Road			Amount
City	State	Zip Code	30.00
Wilmington	NC	28405	Transaction ID: b19859c8-02a0-484b-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		217989.02	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Tracy M Hargett			08
Mailing Address 5133 Lord Bryon Road			Amount
City	State	Zip Code	9.30
Wilmington	NC	28405	Transaction ID : ff82ac9d-d14c-4c03-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		217989.02	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expen	ditures		. ▶ 39.30
(a) COLICE OF HOME 200 Hasparlack Expon	and o		33.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 08 7 2014
- 3			

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
Full Name of Payee Parker H Morrow Date of Publ	lic Distribution/Dissemination
08	06 / 2014
Mailing Address 506 N Horton Street Amount	
City State Zip Code	40.00
Searcy AR 72143 Transaction	ID: 4115db4f-0550-4983-a pursement or Obligation
Purpose of Expenditure Salary Category/ Type 001 M 08	/ 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District:00
Mr Mark I Pryor	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (s	Primary
	lic Distribution/Dissemination
Parker H Morrow	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 506 N Horton Street Amount	
City State Zip Code	8.97
Date of Disb	ID: 0179bf8e-c3e5-40b3-b bursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	06 / 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Mr. Mark L Pryor Oppose President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expenditures	48.97
	7- 1-2-
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coopera with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	2014

Schedule E)	IVI EXI ENL	JII OI LE	_	AGE 22 OF 74 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	ITIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	istribution/Dissemination
Xavier Miller			08	06 / 2014
Mailing Address 407 randall Dr			Amount	
City	State	Zip Code		40.00
Searcy	AR	72143		9ee3c7ef-f394-4c7d-8 ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		53949.34	Disbursement For: 2014 Other (specified)	Primary
Full Name of Payee			Date of Public D	istribution/Dissemination
Christopher Pollreis			M M / / 08	06 2014
Mailing Address 15.5 Magnolia Circle			Amount	
City	State	Zip Code		40.00
Searcy	AR	72143		73686d10-cedc-4c6c-a ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	-,,	53949.34	Disbursement For: 2014 Other (speci	Primary X General fy) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	80.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures			
(a) actionized independent Expen				1 /9 1 1 /0 1
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / 08	2014
-				

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Christopher Pollreis	08 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 15.5 Magnolia Circle	Amount
	City State Zip Code	11.28
	Searcy AR 72143	Transaction ID : a6aa444d-146c-40cc-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	50040.04	ursement For: Primary X General
	Per Election for Office Sought 53949.34 2014	Other (specify) ▶
	Full Name of Payee Elizabeth Hanks	Date of Public Distribution/Dissemination
	Mailing Address 891 W. Melmar	08 06 2014 Amount
	City State 7in Code	25.00
	City State Zip Code Fayetteville AR 72703	Transaction ID : bc53d7b9-4476-473d-8
	Purpose of Expenditure Salary Category/ Type 001	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disb. 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	36.28
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	CT71	08 2014
	Signature	
_		

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OF

Schedule E)			PAGE 24 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on
Full Name of Payee Elizabeth Hanks			Date of Public Distribution/Dissemination
Mailing Address 891 W. Melmar			08 06 2014 Amount
City	State	Zin Codo	6.30
Fayetteville	AR	Zip Code 72703	Transaction ID : 51d913f1-6ed4-4800-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	53949.34	Disbursement For: Primary General General Other (specify) ▶
Full Name of Payee Amanda Boley	_		Date of Public Distribution/Dissemination
Mailing Address Split Oak Drive			08 06 2014 Amount
City	State	Zip Code	55.00
charlotte	NC	28227	Transaction ID : 1371d11c-3663-48bf-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	87600.63	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		61.30
(b) SUBTOTAL of Unitemized Independent Expendent	litures		
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 08 / 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	IVI EXI EIVI	DITOTILO	PAGE 25 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination
Mailing Address Split Oak Drive			08 06 2014 Amount
City	State	Zip Code	21.75
charlotte Purpose of Expenditure	NC	28227	Transaction ID : 9ac3e2d0-9626-4d12-9 Date of Disbursement or Obligation
Mileage		Category/ Type 002	08 06 2014
Name of Federal Candidate Ms. Mary L Landrieu		Support Oppose	Office Sought: House District: 00 President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		87600.63	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination 08 06 2014
Mailing Address 1434 South Avenue			Amount
City Eden	State	Zip Code 27288	100.00 Transaction ID : cc696c51-0237-49b9-b
Purpose of Expenditure Salary		Category/ 001	Date of Disbursement or Obligation 08 06 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		217989.02	Disbursement For: Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expendit	ures		▶ 121.75
(b) SUBTOTAL of Unitemized Independent Exper	nditures		· •
(c) TOTAL Independent Expenditures			·
	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 08 / 08 2014

Schedule E)	LIVI EXI EIVE	ATTOTILES	PAGE 26 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			08 06 2014
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	13.80
Eden	NC	27288	Transaction ID: 6b91b1ed-00c5-4a95-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		217989.02	Disbursement For: Primary General General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
James Tatro			08
Mailing Address 1208 Braeburn Rd			Amount
City	State	Zip Code	60.00
Charlotte	NC	28211	Transaction ID : cd67b10e-d66a-4b09-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-	217989.02	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		73.80
,			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>
(c) TOTAL Independent Expenditures			·
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08
- 3			

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	O coccos
Check if 24-hour report 48-hour report New report Amends report filed	d on M M M / D D / Y Y Y Y Y
Full Name of Payee James Tatro	Date of Public Distribution/Dissemination
	08 / 06 / 2014
Mailing Address 1208 Braeburn Rd	Amount
City State Zip Code	5.70
Charlotte NC 28211	Transaction ID : c2453f5c-6198-43e1-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disb. 217989.02	ursement For: Primary
Full Name of Payee Joseph R Rys	Date of Public Distribution/Dissemination
	08 06 2014
Mailing Address 160 #50 Pompano Dr	Amount
City State Zip Code	20.00
New Bern NC 28560	Transaction ID : ebb80fbb-be46-44ec-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 06 / 2014
	ee Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disb 217989.02	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	25.70
(a) SOPICIAL OF HOMEON PROPOSED EXPONENTIAL COMMENTS	20.10
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
Ms. Emily Buchanan [Electronically Filed] Date	08 08 2014
Signature	

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	0 00030700
Check if 24-hour report	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Joseph R Rys	08 06 2014
Mailing Address 160 #50 Pompano Dr	Amount
City State Zip Code	5.70
New Bern NC 28560	Transaction ID: 8c553954-6f12-495e-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / 06 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 217989.02 Disbut 2014	rrsement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Barbara A Williams	08 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3002 Darden Rd	
Apt A	Amount
City State Zip Code	100.00
Greensboro NC 27407	Transaction ID : f79c4392-80cd-438b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	M 08
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disbut 217989.02	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	105.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	8 08 2014
Signature	

S	chedule E)	IVI EXI EIVE	TI OTILO		PAGE 29 OF 74 FOR SE OF FORM 24/48
	AME OF COMMITTEE (In Full)			FEO	C IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC			C	C00530766
Cł	neck if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
	Full Name of Payee			Date of Po	ublic Distribution/Dissemination
	Anthony Pearson			08	06 / 2014
	Mailing Address 112 apache Dr			Amount	
	City	State	Zip Code		40.00
	Search	AR	72149		on ID : ab95564c-d908-439c-8 isbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001	M M M	
	Name of Federal Candidate		Support	Office Sought:	House District: 00
	Mr. Mark L Pryor		X Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	7	53949.34	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
	Full Name of Payee			Date of P	ublic Distribution/Dissemination
	Anthony Pearson			08	06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 112 apache Dr			Amount	
	City	State	Zip Code		8.40
	Search	AR	72149		n ID : ae4b8eb2-4339-4c49-b isbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	M 08	
	Name of Federal Candidate		Support	Office Sought:	House District:00
	Mr. Mark L Pryor		X Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		53949.34	Disbursement Fo	or: Primary X General (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditu	Ires			48.40
	(a) SSPICIAL OF HOMEZON HINDONION EXPONDING				7 7
	(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· •	4-1-4-1-4-1
	(c) TOTAL Independent Expenditures			· •	7 1 7 1 7 1
	Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize			
	Ms. Emily Buchanan	[Electro	nically Filed] Date		08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	oignature				

Schedule E)	. EXI END			PAGE 30 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	M / D D / Y B Y B Y B Y
Full Name of Payee Carey T Henderson			M	of Public Distribution/Dissemination
Mailing Address 1025 Inverness Rd			Amour	08 06 2014 nt
City	State	Zip Code		60.00
Suthern Pines	NC	28387		action ID : 2940c6cf-bf51-4d31-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	08 06 / 2014
Name of Federal Candidate		Support	Office Sought	:: House District: 00
Ms. Kay Hagan		X Oppose	Preside	NO.
Calendar Year-To-Date Per Election for Office Sought	, , ,	217989.02	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date of	of Public Distribution/Dissemination
Carey T Henderson			M	08 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Inverness Rd				30 30 2011
			Amour	nt
City	State	Zip Code		12.30
Suthern Pines	NC	28387		ction ID: 953e0d0e-9c9c-48d8-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	217989.02	Disbursement 2014 Of	t For:
(a) SUBTOTAL of Itemized Independent Expenditure	98		· •	72.30
(b) SUBTOTAL of Unitemized Independent Expendit	ures		·· •	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 08	08 2014
Signature				

Schedule E)	EXI END			PAGE 31 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y D Y D Y
Full Name of Payee Warren Gravois				of Public Distribution/Dissemination
Mailing Address 16005 7th St			— L	08 06 2014
			Amour	11
1 7	State	Zip Code		20.00
Pearlington	MS	39572		action ID: 4cc8e77f-b3a0-4db9-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 06 7 2014
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		87600.63	Disbursement 2014 Or	t For: Primary X General
Full Name of Payee				of Public Distribution/Dissemination
Warren Gravois			М	09 06 7 Y Y Y Y Y
Mailing Address 16005 7th St				08 06 2014
15555 7 41 51			Amou	nt
City	State	Zip Code		0.90
Pearlington	MS	39572	Transa Date o	ction ID: f41ff597-5840-4d88-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		08 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		87600.63	Disbursemen 2014 O	t For: Primary
	_			
(a) SUBTOTAL of Itemized Independent Expenditures.			•	20.90
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	08	08 / 2014
Signature				

Sc	chedule E)	PAGE 32 OF 74 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed of	on M M / D D / Y Y Y Y Y
T	Full Name of Payee Chris McCoy	Date of Public Distribution/Dissemination
-	Mailing Address 1025 Cayley Ct	08 06 2014 Amount
	City State Zip Code High Point NC 27260	37.50 Transaction ID : 2a94a1ce-bce9-425f-8
ŀ	Purpose of Expenditure Salary Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbury 217989.02 2014	sement For: Primary
Ī	Full Name of Payee Chris McCoy	Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution Date
	Mailing Address 1025 Cayley Ct	Amount 2014
ŀ	City State Zip Code	15.30
		Transaction ID : 5528e5c3-ede7-43bf-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	08 / 06 / 2014
Ī		Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	rsement For: Primary
((a) SUBTOTAL of Itemized Independent Expenditures	52.80
((b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 08	
	Signature	

			FOR SE	OF FORM 24/48
	E OF COMMITTEE (In Full)	FE	C IDENTIFIC	ATION NUMBER ▼
VVC	omen Speak Out PAC	C	C005307	66
Chec	k if 24-hour report X 48-hour report New report Amends report filed	on Man	/ D D	/ Y = Y = Y = Y
	Full Name of Payee	Date of F	Public Distribu	tion/Dissemination
	Kenny Wallis	M 08		/ Y Y Y Y Y 2014
N	Mailing Address 6412 Osage Dr	Amount		
	City State Zip Code	Г.		40.00
	North Little rock AR 72116		ion ID : 61a56 Disbursement	68c4-dc1a-4c9f-a or Obligation
	Purpose of Expenditure Salary Category/ Type 001	08		2014
١	Name of Federal Candidate Support Office	Sought:	House	District:00
	Mr Mark I Pryor	President	X Senate	e State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	sement F	or: Prin	nary X General
	Full Name of Payee Kenny Wallis	Date of I	Public Distribu	tion/Dissemination
1	Mailing Address 6412 Osage Dr	Amount	06	2014
-	City State Zip Code	Г.		4.26
	North Little rock AR 72116		on ID: 98571 Disbursement	cec-2105-41ab-9 or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	M 08		2014
1	Name of Federal Candidate Support Office	Sought:	House	District: 00
	Mr. Mark L Pryor Oppose	President	X Senat	e State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement F	or: Prin r (specify) ▶	nary X General
(a) SUBTOTAL of Itemized Independent Expenditures		7	44.26
(b) SUBTOTAL of Unitemized Independent Expenditures		-	4 1 4 1
(с) TOTAL Independent Expenditures		4	7
wi	nder penalty of perjury I certify that the independent expenditures reported herein were not man th, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed] Date 08	M / D	08 / Y	2014
	Signature			

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OF

Schedule E)	INT EXI END	JITONES	PAGE 34 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			08 / 06 / 2014
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	45.00
Ville Platte	LA	70586	Transaction ID : 110196b8-adab-4324-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		87600.63	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			08 06 2014
Mailing Address 110 W Pecan St			Amount
Oit.	State	Zin Code	25.70
City Ville Platte	LA	Zip Code 70586	35.70 Transaction ID : 6bc34da6-abc7-49e5-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		87600.63	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		80.70
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· •
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08

· · · · · · · · · · · · · · · · · ·		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Date	e of Public Distribution/Dissemination
Mr. Roger McKinney		08
Mailing Address 308 West Main Street	Am	ount
City Sta	ite Zip Code	110.00
Pilot Mountian N		nsaction ID : 75882c46-9642-4d10-a e of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sou	ght: House District: 00
Ms. Kay Hagan		ident X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	217989.02 Disbursem 2014	ent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Mr. Roger McKinney Mailing Address 308 West Main Street		te of Public Distribution/Dissemination M M M
City Sta	ate Zip Code	24.06
Pilot Mountian N		saction ID: 8b80e2bc-914e-4503-a te of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sou	ıght: House District: 00
Ms. Kay Hagan	Oppose Pres	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	217989.02 Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	· _	134.06
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	7 7
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of either, or (
Ms. Emily Buchanan	[Electronically Filed] Date 08	08 2014
Signature		

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OF

Schedule E)	DENT EXICIO	TIONES	PAGE 36 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Glenda McKinney			08
Mailing Address 308 West Main Street			Amount
City	State	Zip Code	110.00
Plot Mountain	NC	27041	Transaction ID : eff116f6-a24f-4f84-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,,,,	217989.02	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Dylan Simon			08
Mailing Address 111 Millrock Drive			Amount
City	State	Zip Code	35.67
Lafayette	LA	70508	Transaction ID : 6ef1431e-107e-4c74-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	87600.63	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		. 145.67
			7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 08 7 2014

Schedule E)	LXI LIIDI	101120		PAGE 37 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends rep	port filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Dylan Simon				of Public Distribution/Dissemination
Mailing Address 111 Millrock Drive			Amo	08 06 2014 ount
City	State	Zip Code		5.49
Lafayette	LA	70508		saction ID : 3d02a0b4-8f92-4201-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	2	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Soug	ght: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		87600.63	Disburseme 2014	ent For: Primary X General Other (specify) ▶
Full Name of Payee			Date	e of Public Distribution/Dissemination
Shelby J Davis			[08 / 06 / 2014
Mailing Address 6414 The Divide Pkwy			Amo	punt
Apt 204	State	Zip Code		30.00
Little Rock	AR	72223		saction ID: 569a4a47-b362-43c2-9 e of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 / 06 / 2014
Name of Federal Candidate		Support	Office Soug	ght: House District: 00
Mr. Mark L Pryor		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7	53949.34	Disburseme 2014	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures.			}	35.49
(b) SUBTOTAL of Unitemized Independent Expenditure	es		-	
(c) TOTAL Independent Expenditures				7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electroni	cally Filed] Da	te 08	08 2014
Signature				

Schedu	le E)	III EX EXE	1101120		PAGE 38 OF 74 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full N	lame of Payee	<u>/</u>		Date o	f Public Distribution/Dissemination
	elby J Davis				08 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailin	ng Address 6414 The Divide Pkwy Apt 204			Amour	t
City	Apt 204	State	Zip Code		9.00
	Rock	AR	72223		action ID: 7271d3b6-cf35-4d39-9 f Disbursement or Obligation
Purpo Milea	ose of Expenditure age		Category/ Type 002	М	08 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	e of Federal Candidate		Support	Office Sought	: House District: 00
Mr. M	Mark L Pryor		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7	53949.34	Disbursement 2014 Ot	For: Primary X General
	Name of Payee . Chassidy Menard				f Public Distribution/Dissemination
	ng Address 515 Walter Dr.				08 / 06 / 2014
	O TO WARTER DI.			Amour	nt
City		State	Zip Code		40.00
Lafa		LA	70507		ction ID : 7ee514b2-f6ef-42f6-9 f Disbursement or Obligation
Sala	ose of Expenditure ry		Category/ Type 001		08 / 06 / 2014
Name	e of Federal Candidate		Support	Office Sought	: House District: 00
Ms. N	Mary L Landrieu		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7	87600.63	Disbursement 2014 Ot	For: Primary X General her (specify) ►
(a) SII	IBTOTAL of Itemized Independent Expendite	Troc			49.00
(a) 30	BIOIAL of itemized independent Expendition	ires		• -	49.00
(b) SU	IBTOTAL of Unitemized Independent Expen	ditures		·· •	7 1 7 1 7
(c) TO	TAL Independent Expenditures			· •	
with, or	penalty of perjury I certify that the indepen r at the request or suggestion of, any candi committee) any political party committee or it	idate or authorized			
	Ms. Emily Buchanan	[Electroi	nically Filed] Date	9 08	08 2014
Sign	nature				

Sche	dule E)	. EXI EIID			PAGE 39 OF 74 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	men Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
			Amenda repe	THE THE THE	
	II Name of Payee /Is. Chassidy Menard				of Public Distribution/Dissemination 08 06 2014
Ма	ailing Address 515 Walter Dr.			Amour	nt
Cit	ty	State	Zip Code		8.10
	afayette	LA	70507		action ID : 150f605a-a28a-44cc-b of Disbursement or Obligation
	rrpose of Expenditure iileage		Category/ Type 002	M	08 / 06 / 4 2014
Na	ame of Federal Candidate		Support	Office Sough	t: House District: 00
М	s. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	87600.63	Disbursement 2014 Of	t For:
	III Name of Payee				of Public Distribution/Dissemination
_				M	08
IVI	ailing Address 6101 NORA ST			Amou	nt
Ci	ty	State	Zip Code		55.00
	1ETAIRIE	LA	70003	Transa Date o	ction ID: c79a614b-27c4-496d-9 of Disbursement or Obligation
	ırpose of Expenditure alary		Category/ Type 001	M	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na	ame of Federal Candidate		Support	Office Sough	t: House District:00
М	s. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	87600.63	Disbursemen 2014 O	t For:
(a)	SUBTOTAL of Itemized Independent Expenditure	S			63.10
()					7 7 7
(b)	SUBTOTAL of Unitemized Independent Expenditu	ures		•	7 7
(c)	TOTAL Independent Expenditures			•	7 1 7 1 7
with	ler penalty of perjury I certify that the independent, or at the request or suggestion of, any candidatry committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	08	08 / 2014
	Signature		_		

Schedule E)	ENT EXILIN	STIGHTS	PAGE 40 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
ERIC TABARY			08 / 06 / 2014
Mailing Address 6101 NORA ST			Amount
City	State	Zip Code	0.30
METAIRIE	LA	70003	Transaction ID: 771929ec-df2b-4972-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		87600.63	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Petrina Williams			08 / 06 / 2014
Mailing Address 3007 Darden Rd			Amount
City	State	Zip Code	100.00
Greensboro	NC	27407	Transaction ID : 7ea9ea94-f617-433a-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		217989.02	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		. ▶ 100.30
(b) SUBTOTAL of Unitermized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 08 7 2014
J			

Schedule E)		PAGE 41 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report No	ew report Amends report file	od on M M / D D / Y Y Y Y Y
	ew report Amends report me	eu on
Full Name of Payee Petrina Williams		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3007 Darden Rd		Amount
City State	Zip Code	24.00
Greensboro NC	27407	Transaction ID: 841ea87f-8b63-4635-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / 06 / Y Y Y Y Y
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	217989.02 Dis 201	bursement For: Primary General 4 Other (specify) ▶
Full Name of Payee David Ford		Date of Public Distribution/Dissemination
		08 / 06 / 2014
Mailing Address 106 Hillside St		Amount
City State	Zip Code	10.00
Spindale NC	28160	Transaction ID : 8298cffb-0a39-4747-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	217989.02 Dis 20°	bursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures		34.00
(a) SOBTOTAL OF REMIZED INDEPENDENT Expenditures	•	34.00
(b) SUBTOTAL of Unitemized Independent Expenditures	•	7 7 7
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent expen- with, or at the request or suggestion of, any candidate or autl party committee) any political party committee or its agent.		
Ms. Emily Buchanan	Clectronically Filed] Date	08
Signature		

Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
vvomen Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D D / Y T Y T Y
Full Name of Payee Date of	Public Distribution/Dissemination
	08 06 2014
Mailing Address 106 Hillside St Amount	t
City State Zip Code	0.30
Spindale NC 28160 Transac	ction ID : dc0e7d15-d139-4b58-b Disbursement or Obligation
Purpose of Expenditure Category/	08 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Kay Hagan	
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014	
	ner (specify) -
Daniel E Collison	f Public Distribution/Dissemination
Mailing Address 3315 Cardinal Ridge Rd Amount	08 06 2014 t
City State Zip Code	30.00
Greensboro NC 27410 Transac	tion ID: 4527bee9-85f3-4220-a f Disbursement or Obligation
Purpose of Expenditure Category/	08 / 06 / 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Kay Hagan Oppose Presider	
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	30.30
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in co with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	08 2014
Signature	

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OF

Schedule E)	ENT EXILITIES			PAGE 43 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
			M = M	/ D D / Y Y Y Y
Check if24-hour report X 48-hour report	X New rep	oort Amends repo	ort filed on	
Full Name of Payee Daniel E Collison			Date of Pul	blic Distribution/Dissemination
Mailing Address 3315 Cardinal Ridge Rd			08	06 2014
3 3 3 3 3 3 3 Calullial Riuge Ru			Amount	
City	State	Zip Code		15.90
Greensboro	NC	27410		n ID: 36e24a30-0b07-4ca5-8 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	06 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		217989.02	Disbursement For: 2014 Other (Primary
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Lisa Miller			M = M 08	06 2014
Mailing Address 718 Azalea Dr.				2011
Unit 453			Amount	
City	State	Zip Code		40.00
Hampstead	NC	28443	Transaction Date of Dis	ID: 2db54f42-b03d-4d1b-9 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	06 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		217989.02	Disbursement For 2014 Other	: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		· •	55.90
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· •	7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	9 08 08	
Signature				

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 44 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Miller			08 06 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 718 Azalea Dr.			Amount
Unit 453			
City	State	Zip Code	6.00
Hampstead	NC	28443	Transaction ID: 8adfb530-c776-4bdc-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	217989.02	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Nick Berryhill			08
Mailing Address 905 Lake Drive			Amount
City	State	Zip Code	75.00
Shelby	NC	28152	Transaction ID : d9cb0694-d0dc-4c91-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	-, -,	217989.02	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expend	itures		81.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08
- 9			

Schedule E)	INT EXICINE	TI OTILO	PAGE 45 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Nick Berryhill			08 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 905 Lake Drive			Amount
City	State	Zip Code	30.60
Shelby	NC	28152	Transaction ID : a42bd333-7f31-411f-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 06 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-, -,	217989.02	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Francesca Blom			08 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 101 Asbury Ct			Amount
City	State	Zip Code	90.00
Winchester	VA	22602	Transaction ID : 758c7bf0-4de2-4cad-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 06 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		217989.02	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	tures		. ▶ 120.60
# \ - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08
•			

Schedule E)	a EnditionEd	PAGE 46 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New report Amends report file	ed on
Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination
Mailing Address 2506 Bolch Street		08 / 06 / 2014
2506 Bolch Street		Amount
City Stat	e Zip Code	30.00
Shreveport LA	71104	Transaction ID: 0c5904d0-4f02-4de9-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	87600.63 Dis	sbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Gregory Green		08
Mailing Address 2506 Bolch Street		Amount
City Stat	re Zip Code	11.10
Shreveport	·	Transaction ID: 286eaa15-da26-4b22-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / 06 / 2014
Name of Federal Candidate	Support Off	fice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	87600.63 Dis	sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	41.10
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of eith	
Ms. Emily Buchanan	[Electronically Filed] Date	08
Signature	_	

Schedule E)	VI EXI END	TIONEO	PAGE 47 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lesley Lennox			08 / 06 / 2014
Mailing Address 2305 Cleary Ave			Amount
City	State	Zip Code	22.50
Metairie	LA	70001	Transaction ID : d931a9b9-ac0a-4305-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	87600.63	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lesley Lennox			08 / 06 / 2014
Mailing Address 2305 Cleary Ave			Amount
City	State	Zip Code	1.80
Metairie	LA	70001	Transaction ID : 9c14ee85-6d07-40b3-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	87600.63	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		. ▶ 24.30
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	itures		•
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	ate or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 08 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	ENT EXICIO	TIONES	PAGE 48 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Casey Stockton			08 / 06 / 2014
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	65.00
Spruce Pine	NC	28777	Transaction ID : ca51cc7b-9a95-48be-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	217989.02	Disbursement For: Primary General
Full Name of Payee			Date of Public Distribution/Dissemination
Casey Stockton			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	21.30
Spruce Pine	NC	28777	Transaction ID : b6f41596-1d5b-4f07-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	217989.02	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		86.30
(b) SUBTOTAL of Unitermized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08
3·ga.a. 0			

Schedule E)		TIONES	PAGE 49 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Mary Johnson			08 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	65.00
Spruce Pine	NC	28777	Transaction ID : a79f62fa-1c12-4817-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		217989.02	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			08 / 06 / 2014
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	90.00
Mt. Airy	NC	27030	Transaction ID : 590dea27-39ec-4836-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		217989.02	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		. ▶ 155.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 08 7 2014
3.9			

Schedule E)	DEITH EXILITE	TIONES	PAGE 50 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			08 / 06 / 2014
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	25.02
Mt. Airy	NC	27030	Transaction ID: 338c1a66-1440-4222-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,.,	217989.02	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Lee R Carter			08
Mailing Address 3110 Brentwood Rd			Amount
City	State	Zip Code	45.00
Raleigh	NC	27604	Transaction ID: 9c764f39-d74f-48b5-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		217989.02	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		70.02
(b) SUBTOTAL of Unitemized Independent Ex	penditures)
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08
•			

Schedule E)	. EXI EIID			PAGE 51 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			ĺ	C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Lee R Carter			M	Public Distribution/Dissemination
Mailing Address 3110 Brentwood Rd			Amount	06 2014
City	State	Zip Code		11.40
Raleigh	NC	27604		ction ID : 53c4f8b0-72dd-475f-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		08 06 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	;	217989.02	Disbursement 2014 Oth	For: Primary X General Primary Primary Repectify) ►
Full Name of Payee			Date of	Public Distribution/Dissemination
Courtney Goldstein				08 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1809 N Woodlawn			Amoun	لىنى لتا ك
City	State	Zip Code		50.00
Metairie	LA	70001		tion ID: 9a03af20-03bc-42a3-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	87600.63	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	s			61.40
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			
(a) TOTAL Independent Expenditures			-	7 7 7
(c) TOTAL Independent Expenditures			·· •	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	e 08	08 2014
Signature				

ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Courtney Goldstein	08
Mailing Address 1809 N Woodlawn An	nount
City State Zip Code	6.00
Metairie LA 70001 Tra	ansaction ID : 59512966-1bf6-46b9-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 06 7 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Mary L Landrieu Pre	esident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:
Full Name of Payee Rebecca A Calvert	ate of Public Distribution/Dissemination
Mailing Address 20116 Medus St Ar	08 06 2014 mount
City State Zip Code	12.50
Covington LA 70435 Tra	Insaction ID : 2b7688ee-a0a0-45fb-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District: 00
	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	18.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	08 2014
Signature	

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OF

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Date	e of Public Distribution/Dissemination
Rebecca A Calvert		08 06 2014
Mailing Address 20116 Medus St	Amo	ount
City	ate Zip Code	3.12
Covington		nsaction ID : 92b3f1c7-c9ed-4d86-8 e of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / 06 / 2014
Name of Federal Candidate	Support Office Sou	ght: House District: 00
Ms. Mary L Landrieu		ident State: LA
Calendar Year-To-Date Per Election for Office Sought	87600.63 Disbursem 2014	ent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Diane Smith	Dat	e of Public Distribution/Dissemination
Mailing Address 4006 Wolkswalk Place	Am	08 06 2014 ount
City	ate Zip Code	33.00
Raleigh		saction ID: b98cd92d-a790-4578-b e of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 06 / 2014
Name of Federal Candidate	Support Office Sou	ght: House District: 00
Ms. Kay Hagan	Oppose Pres	sident State: NC State:
Calendar Year-To-Date Per Election for Office Sought	217989.02 Disbursem 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures		36.12
(b) SUBTOTAL of Unitemized Independent Expenditures	······································	
(c) TOTAL Independent Expenditures	· · ·	4 4
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate comparty committee) any political party committee or its age	r authorized committee or agent of either, or (
Ms. Emily Buchanan	[Electronically Filed] Date 08	08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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OF

Schedule E)	LINDITOTICS	PAGE 54 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New report Amends report fil	ed on
Full Name of Payee Diane Smith		Date of Public Distribution/Dissemination
Mailing Address 4006 Wolkswalk Place		08 / 06 / 2014
4006 WORSWAIK Place		Amount
City State	Zip Code	8.40
Raleigh NC	27610	Transaction ID: 533e4b55-bc37-4eed-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / 06 / 2014
Name of Federal Candidate	Support Off	fice Sought: House District:00
Ms. Kay Hagan	∑ Oppose [President State: NC
Calendar Year-To-Date Per Election for Office Sought	217989.02 Dis	sbursement For: Primary ⊠ General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Melissa A Calvert		08 06 2014
Mailing Address 20116 Medus St		
		Amount
City State	Zip Code	12.50
Covington LA	70435	Transaction ID: 7cc1c876-4581-4ebc-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose [President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary X General 114 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	20.90
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent exprision with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
Ms. Emily Buchanan	[Electronically Filed] Date	08 08 2014
Signature		

Sche	edule E)	L/(1 L.(12.	101120			AGE 55 OF 74 OR SE OF FORM 24/48
	OF COMMITTEE (In Full)					TIFICATION NUMBER ▼
Woı	men Speak Out PAC					0530766
Check	if 24-hour report X 48-hour report	X New repo	ort Amends re	eport filed)
Fu	III Name of Payee				Date of Public Di	stribution/Dissemination
	Christine Stevens				08 /	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ma	ailing Address 100 Asbury Ct				Amount	
Ci	tv	State	Zip Code			60.00
	/inchester	VA	22602			e273dce6-0075-40cc-a ment or Obligation
	urpose of Expenditure alary		Category/ Type 00	01		06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na	ame of Federal Candidate		Support	Office	Sought: H	House District: 00
M	ls. Kay Hagan		X Oppose			Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	17989.02	Disbui 2014	sement For: Other (specif	Primary
	ull Name of Payee					istribution/Dissemination
J	lon E Conner					D D / Y Y Y Y Y
M	ailing Address 100 Asbury Ct				08	06 2014
	100 / 100 2.				Amount	
Ci	ity	State	Zip Code			40.00
	Vinchester	VA	22602		Transaction ID : c Date of Disburse	11ae6e0d-5a8a-4084-a ment or Obligation
	urpose of Expenditure Salary		Category/ Type 00	01	08	06 / 2014
N	ame of Federal Candidate		Support	t Office	Sought:	House District: 00
N	ls. Kay Hagan		Oppose		President X	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		217989.02	Disbu 2014	rsement For: Other (specif	Primary ⊠ General fy) ►
(n)	CURTOTAL of the sized belonged by Fyronditures					100.00
(a)	SUBTOTAL of Itemized Independent Expenditures.				-Jr	100.00
(b)	SUBTOTAL of Unitemized Independent Expenditure	es		····· •	4	4 1 4
(c)	TOTAL Independent Expenditures			······ >	1 4	
with	der penalty of perjury I certify that the independent n, or at the request or suggestion of, any candidate ty committee) any political party committee or its ac	or authorized				
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date 08		2014
	Signature		_			

Schedule E)	PAGE 56 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends	report filed on
Full Name of Payee Rodney O Culbreath	Date of Public Distribution/Dissemination
<u> </u>	08 / 06 / 2014
Mailing Address 100 Asbury Ct	Amount
City State Zip Code	60.00
Winchester VA 22602	Transaction ID: d273f07f-238d-4991-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 08 / 06 / 2014
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Ms. Kay Hagan Oppos	
Calendar Year-To-Date Per Election for Office Sought 217989.02	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Rodney D Culbreth	08
Mailing Address 100 Asbury CT	Amount
3200 Dam Neck Rd	, and an
City State Zip Code	60.00
Winchester VA 22602 Purpose of Expenditure	Transaction ID : 7ee717e1-a7c0-4713-a Date of Disbursement or Obligation
	001
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Ms. Kay Hagan Oppos	se President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 217989.02	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	
(a) SOBTOTAL OF REINIZED MACPENDEN EXPENDITURES	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······ >
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or against committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Signature	Date 08 / 08 / 2014
-	

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC II	DENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	С	C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M M M	D = D / Y = Y = Y
Т	Full Name of Payee	Date of Public	c Distribution/Dissemination
	Rze Culbreath	08	06 2014
	Mailing Address 100 Asbury Ct	Amount	
ŀ	City State Zip Code		60.00
	Winchester VA 22602		ID: 6c2f81b2-e4fa-4e1b-a ursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	08	06 / 2014
ı	Name of Federal Candidate Support Office	Sought:	House District: 00
1	Mc Kay Hagan		Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbur 217989.02 Disbur 2014	sement For: Other (sp	Primary ☐ General
	Full Name of Payee Brandon Guttuso Mailing Address 3013 Transcontinental Dr		c Distribution/Dissemination
	3013 Transcontinental Dr	Amount	
Ī	City State Zip Code		70.00
			D: 779e992b-f145-490a-8 ursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	08	06 2014
ľ	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Mary L Landrieu Oppose	President 2	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditures	7	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7	1141141
(c) TOTAL Independent Expenditures	7	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not make with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date Signature	M / D D D 08	2014
	Oignature		

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Schedule E)	LIVI EXI EIVI	DITORLO	PAGE 58 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Brandon Guttuso			08 / 06 / 2014
Mailing Address 3013 Transcontinental Dr			Amount
City	State	Zip Code	6.00
Metairie	LA	70006	Transaction ID : f4d66ace-a596-4a52-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	87600.63	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Francis Richardson			08 06 7 2014
Mailing Address 220 Doucet Rd			Amount
City	State	Zip Code	25.00
Lafayette	LA	70503	Transaction ID : 3546cd6c-52d9-4fd2-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		87600.63	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		31.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08
-			

Schedule E)	IVI EXI END	TIONES	PAGE 59 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination
Mailing Address 220 Doucet Rd			08 06 2014 Amount
City Lafayette	State LA	Zip Code 70503	2.61 Transaction ID : 3a326048-9cab-4cc1-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement of Obligation M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	87600.63	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Tarrin Lesaicherre			08 / 06 / 2014
Mailing Address 629 Radiance Ave			Amount
City	State	Zip Code	70.00
Metairie	LA	70001	Transaction ID : c39773de-7f38-4cd9-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	77	87600.63	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		72.61
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		
			7 7
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 08 2014

Schedule E)	I EXI END		PAGE 60 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on
Full Name of Payee Tarrin Lesaicherre			Date of Public Distribution/Dissemination
Mailing Address 629 Radiance Ave			08 06 2014 Amount
-01	·	7. 0.1	
City Metairie	State LA	Zip Code 70001	6.00 Transaction ID : 1f3fdb55-59e2-40fd-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	87600.63	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Eric J Smith			Date of Public Distribution/Dissemination
Mailing Address 4967 Dysartville			08 06 2014 Amount
City	State	Zip Code	80.00
Morganton	NC	28655	Transaction ID : aef94b68-169b-4cc9-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	217989.02	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	·s		. ▶ 86.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		. •
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized		
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	9 08 / 08 / 2014

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 61 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jennifer E Smith			08 06 7 2014
Mailing Address 4967 Dysartsville Rd			Amount
City	State	Zip Code	80.00
Morganton	NC	28655	Transaction ID : 2243985d-fba4-40ef-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	217989.02	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination
			08 / 06 / 2014
Mailing Address 4967 Dysartsville Rd			Amount
City	State	Zip Code	10.50
Morganton	NC	28655	Transaction ID: 23fe3af2-98f0-4b35-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		217989.02	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		90.50
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	IN EXILID	TIONES	PAGE 62 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination
Mailing Address 2565 Shire Circle			08 06 2014 Amount
			, and an
City	State	Zip Code	20.00
Harrisonburg	VA	22801	Transaction ID : aaac7d68-4ec4-4594-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	217989.02	Disbursement For: Primary General Qu14 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Najib Mahmud			08
Mailing Address 3432 Riverrock Ct			Amount
City	State	Zip Code	50.00
Baton Rouge	LA	70820	Transaction ID : ecf7289e-e36a-4b0f-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		87600.63	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		70.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		·
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	idate or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08
3. 3			

Schedule E)	IDENT EXTEND	II OILEO		PAGE 63 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
011-17	V N		M M M	/ D = D / Y = Y = Y
Check if 24-hour report X 48-hour report	ort X New rep	oort Amends repo	ort filed on	
Full Name of Payee Najib Mahmud			Date of Pub	olic Distribution/Dissemination
Mailing Address 3432 Riverrock Ct			Amount	
City	State	Zip Code		4.20
Baton Rouge	LA	70820		n ID: 12512e3b-2569-47cb-b bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		87600.63	Disbursement For: 2014 Other (s	Primary ⊠ General
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Billy Martin			M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 250 JS Brewton rd			Amount	
City	State	Zip Code		70.00
goldonna	LA	71031	Transaction Date of Dis	ID: 62a911da-0ab7-4619-a bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	06 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		217989.02	Disbursement For: 2014 Other (Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	enditures			74.20
(4) 332 3312 3				7
(b) SUBTOTAL of Unitemized Independent E	xpenditures		• •	
(c) TOTAL Independent Expenditures			>	F 1 4 1 4 1
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electror	nically Filed] Date	9 08 08	
Signature				

Schedule E)	PENT EXTEND	ITORES	PAGE 64 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Billy Martin			08 / 06 / 2014
Mailing Address 250 JS Brewton rd			Amount
City	State	Zip Code	6.00
goldonna	LA	71031	Transaction ID : bb65e62d-5def-475d-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	:	217989.02	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Tylan S Green			08 06 2014
Mailing Address 2320 Saint Nick Dr			Amount
City	State	Zip Code	100.00
New Orleans	LA	70131	Transaction ID : a99ed8d2-ec3e-459a-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		217989.02	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		106.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 08 2014
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	Siledule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC	C C00530766
Ch	neck if 24-hour report X 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Tylan S Green	08 06 2014
	Mailing Address 2320 Saint Nick Dr	Amount
	City State Zip Code	17.10
	New Orleans LA 70131	Transaction ID : 4f1b2a46-88b5-486a-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 217989.02 2014	ursement For: Primary X General
	Per Liection for Office Sought	U Other (specify) ▶
	Full Name of Payee Evelyn Lesaicherre	Date of Public Distribution/Dissemination
	Mailing Address 629 Radiance Ave	08 06 2014 Amount
	City State Zip Code	70.00
	Metairie LA 70001	Transaction ID : 0c61a8e2-c3a7-4ce6-9
	Purpose of Expenditure Salary Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	ee Sought: House District:00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought Disb. 2014	oursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	87.10
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(77)	08 08 2014
	Signature	

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OF

	OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	NTIFICATION NUMBER ▼
Women Speak Out PAC	00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	D = D / Y = Y = Y
	Distribution/Dissemination
Evelyn Lesaicherre	06 2014
Mailing Address 629 Radiance Ave Amount	
City State Zip Code	7.80
Metairie LA 70001 Transaction ID :	: d03abd9d-c2c4-4380-9 ement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District: 00
Me Mary I Landrigu	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (speci	Primary
	Distribution/Dissemination
Danielle McCoy	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct Amount	
City State Zip Code	60.00
	66256150-0592-48f9-9 ement or Obligation
Purpose of Expenditure Salary Category/ Type 001	06 / 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Kay Hagan	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expenditures	67.80
	7
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	1 7 1 1 7 1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	2014

Schedule E)		TIONES	PAGE 67 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct			08 06 2014 Amount
City	State	Zip Code	22.20
High Point	NC	27260	Transaction ID : e35ccf17-b45d-4bd7-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	217989.02	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination
Mailing Address 4902 Catawba Dr			08 06 2014
			Amount
City	State	Zip Code	20.00
Greensboro	NC	27407	Transaction ID : eb22d46d-2c2c-4113-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		217989.02	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		42.20
(b) SUBTOTAL of Unitemized Independent Expe	nditures		
			7 7 7
(c) TOTAL Independent Expenditures			>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08
×-g			

	medule L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Eleanor McCoy	08 06 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 4902 Catawba Dr	Amount
	City State Zip Code	13.50
	Greensboro NC 27407	Transaction ID: 8513e914-2d81-4ca9-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	047000 00	ursement For: Primary X General
	Per Election for Office Sought 217989.02 2014	Other (specify) ▶
	Full Name of Payee Phillip Williams	Date of Public Distribution/Dissemination
	Mailing Address 3007 Darden Rd	08 06 2014
	5 Soor Barden Nd	Amount
	City State Zip Code	90.00
	Greensboro NC 27407	Transaction ID: 2e2c108a-ae33-41d2-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	08 06 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 217989.02	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	103.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		8 08 2014
	Signature	2017

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OF

Schedule E)	IN EXICIO	TIONES	PAGE 69 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			08 06 2014 Amount
		7: 0 !	20.70
City Greensboro	State NC	Zip Code 27407	20.70 Transaction ID: 928e4786-92ac-4273-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	217989.02	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			08 06 2014 Amount
City	State	Zip Code	90.00
Greensboro	NC	27407	Transaction ID: 303eef27-f735-4ef1-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 06 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	217989.02	Disbursement For: Primary General 2014 Gher (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		110.70
(b) SUBTOTAL of Unitemized Independent Exper	nditures		
(c) TOTAL Independent Expenditures			>
	lidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 08 2014
Signature			

Schedule E)	LIVI EXI EIVI	SHORLS	PAGE 70 OF 74 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Reagan Brackett			08 / 06 / 2014
Mailing Address 502 E Center Ave			Amount
City	State	Zip Code	40.00
Searcy	AR	72143	Transaction ID : 7d6262f7-53df-46a7-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 06 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		53949.34	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Reagan Brackett			08 / 06 / 2014
Mailing Address 502 E Center Ave			Amount
City	State	Zip Code	5.49
Searcy	AR	72143	Transaction ID : 068d22dd-bbb3-4d5d-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	-,,	53949.34	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		▶ 45.49
(b) SUBTOTAL of Unitemized Independent Expe	nditures		
(b) CODICIAL OF CHILDWING MICEOCHICAN EXPO	naturos		
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	LXI LIIDI	101120		PAGE 71	OF 74 F FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATI	
Women Speak Out PAC				C C00530766	ON NOMBER V
Check if 24-hour report X 48-hour report	New repo	ort Amends rep	port filed on	W = M / D = D /	Y = Y = Y = Y
Full Name of Payee Jeremy Hollar			Date	of Public Distribution	
				08 / 06 /	2014
Mailing Address 121 Meadowview Drive			Amo	unt	
City	State	Zip Code			40.00
	NC	28607		saction ID : 773e35d of Disbursement or	
Purpose of Expenditure Salary		Category/ Type 00	1	08 / 06 /	2014
Name of Federal Candidate		Support	Office Soug	ht: House	District:00
Ms. Kay Hagan		X Oppose	Presi	lent Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	2	17989.02	Disburseme 2014	nt For: Primary Other (specify) ▶	y X General
Full Name of Payee			Date	of Public Distribution	n/Dissemination
Jeremy Hollar				M	2014
Mailing Address 121 Meadowview Drive			Amo	<u> </u>	
			Amo	unt	
City	State	Zip Code			35.40
	NC	28607		action ID: 29170832 of Disbursement or	
Purpose of Expenditure Mileage		Category/ Type 002	2	08 / 06	2014
Name of Federal Candidate		Support	Office Sou	ht: House	District:00
Ms. Kay Hagan		X Oppose	Presi	dent X Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought		217989.02	Disburseme 2014	nt For: Primar Other (specify) ▶	y X General
(a) SUBTOTAL of Itemized Independent Expenditures			▶	7 7	75.40
(b) SUBTOTAL of Unitemized Independent Expenditure	es		. [1 7 1 1 7	1 1 45
(c) TOTAL Independent Expenditures			···· \	7 1 7	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its agr	or authorized				
Ms. Emily Buchanan	[Electroni	cally Filed] Da	ite 08	08 / 20	Y Y 14
Signature					

		FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VVO	men Speak Out PAC	C C00530766
Check	c if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	ull Name of Payee	Date of Public Distribution/Dissemination
	Wayne Burckel	08 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
M	ailing Address 46 Glenwood Ave	Amount
С	ity State Zip Code	30.00
	Harahan LA 70123	Transaction ID: 185b064b-5233-4f96-8 Date of Disbursement or Obligation
	urpose of Expenditure Salary Category/ Type 001	08 / 06 / 2014
N	ame of Federal Candidate Support Office	Sought: House District: 00
N	As. Mary L Landrieu Oppose	President X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	sement For:
	ull Name of Payee Nathan Smith	Date of Public Distribution/Dissemination
N	lailing Address 1247 W Mt Comfort Rd	08 06 2014 Amount
	Sity State Zip Code	35.00
	· ·	Transaction ID : 3943060b-bfa0-4a71-b Date of Disbursement or Obligation
	urpose of Expenditure Salary Category/ Type 001	08 06 / Y 2014
N	ame of Federal Candidate Support Office	Sought: House District: 00
N	Mr. Mark L Pryor Oppose	President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	sement For: Primary X General Other (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures	65.00
(b)	SUBTOTAL of Unitemized Independent Expenditures	
(c)	TOTAL Independent Expenditures	1 4 1 4 1 6
wit	der penalty of perjury I certify that the independent expenditures reported herein were not man, or at the request or suggestion of, any candidate or authorized committee or agent of either, try committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date Signature	08 2014
	Oignatulo	

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Schedule E)	I LAFLIND	ITUNES		PAGE 73 OF 74 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼	
Women Speak Out PAC			C	00530766	
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y	
Full Name of Payee Nathan Smith			M - M /	Distribution/Dissemination	
Mailing Address 1247 W Mt Comfort Rd			08 Amount	06 2014	
City	State	Zip Code		4.38	
Fayatteville	AR	72703		0: eb9fcd1c-67d0-4cac-a sement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	08	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought	, , ,	53949.34	Disbursement For: 2014 Other (spe	Primary	
Full Name of Payee Zachary Vidrine				Distribution/Dissemination	
Mailing Address 202 Rue Des Cajun			08	06 2014	
202 Nue Des Cajuii			Amount		
City	State	Zip Code		30.00	
Ville Platte	LA	70586		: bdf9e376-6b20-427f-8 sement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	08	06 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District:00	
Ms. Mary L Landrieu		X Oppose	President X		
Calendar Year-To-Date Per Election for Office Sought	7	87600.63	Disbursement For: 2014 Other (spe	Primary General	
(a) SUBTOTAL of Itemized Independent Expenditure	·s		·	34.38	
(b) SUBTOTAL of Unitemized Independent Expenditures					
				7	
(c) TOTAL Independent Expenditures)		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan [Electronically Filed] Date 08 08 2014					
Signature					

Schedule E)	PENT EXICIN	DITORILO	PAGE 74 OF 74 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC			C C00530766		
Check if 24-hour report X 48-hour report New report Amends report filed on					
Full Name of Payee			Date of Public Distribution/Dissemination		
Zachary Vidrine			08 / 06 / 2014		
Mailing Address 202 Rue Des Cajun			Amount		
City	State	Zip Code	35.10		
Ville Platte	LA	70586	Transaction ID : 21ba6b42-e299-4fec-a Date of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	08 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District:00		
Ms. Mary L Landrieu		X Oppose	President Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		87600.63	Disbursement For: Primary General 2014 Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination		
Marysol Netro			08 06 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 312 S Gunter St			Amount		
City	State	Zip Code	20.00		
Siloam Springs	AR	72761	Transaction ID : df57e081-650f-4f6a-a Date of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	08 / 06 / Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District: 00		
Mr. Mark L Pryor		X Oppose	President Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		53949.34	Disbursement For: Primary General 2014 Gther (specify) ▶		
(a) SUBTOTAL of Itemized Independent Exper	ditures		. ▶ 55.10		
,			4		
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures			4867.99		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 08 7 2014		
-					